

NSSP BioSense Platform - Virginia User Policy

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Background

Syndromic surveillance is a public health strategy used to monitor the health of a community in near-real time using non-traditional data sources. The primary data source collected for syndromic surveillance is comprised of medical visits to emergency departments (EDs) or urgent care centers (UCCs). In partnership with local and state jurisdictions, the Centers for Disease Control and Prevention (CDC) have made access to syndromic surveillance data available for public health purposes through a program called the National Syndromic Surveillance Program (NSSP). NSSP hosts the BioSense Platform which includes several analytic tools including the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). The Virginia Department of Health (VDH) participates in this effort by submitting data collected by VDH for syndromic surveillance to the NSSP BioSense Platform with permission from reporting facilities. VDH acts as an administrator of these data to ensure appropriate access and use within the NSSP BioSense Platform.

Access to the NSSP BioSense Platform - including ESSENCE - is restricted to those public health and partner organizations that require access to perform their job duties. VDH maintains the right to grant and terminate access to the NSSP BioSense Platform according to this policy.

Purposes of Virginia User Policy

This policy is intended to establish the conditions of access and use of syndromic surveillance data stored on the NSSP BioSense Platform by users in Virginia. Syndromic surveillance data contain protected health information (PHI) and are therefore considered confidential. Additionally, syndromic surveillance data contain healthcare facility-specific information (i.e. facility name) that is considered confidential to maintain the privacy of these institutions. For the purposes of this policy, confidentiality refers to how information is accessed, used, managed, and shared with others.

Review of Virginia User Policy

VDH will review and revise this policy as needed, but not less than once per year. The review and revision of this policy will be conducted in consultation with the Virginia Syndromic Surveillance Advisory Group (VSSAG).

Data Access

Authorized Users

Individuals who operate in any of the following capacities may be considered as authorized users. This list of authorized users in Virginia is not exhaustive, nor is any individual in these roles guaranteed access to the system. Final determination of access is reserved for VDH.

- Public Health Epidemiologists
- Emergency Preparedness Coordinators
- Healthcare Epidemiologists
- Healthcare Infection Preventionists
- Other State and Federal Government Data Scientists
- Public Health Researchers

Requesting Access

Access to the NSSP BioSense Platform is granted only to individuals. Organizations that desire access to the NSSP BioSense Platform shall select an individual or individuals – preferably with data science experience – to act as representative(s).

In order to gain access to the NSSP BioSense Platform, Virginia users shall read this policy in its entirety and complete the online [NSSP BioSense Platform Access Form](#). VDH requires supervisor approval in order to grant access.

VDH will conduct quarterly reviews on the access and role of each NSSP BioSense Platform user. Each user and supervisors will need to confirm the user still requires access to the NSSP BioSense Platform in order to complete their job duties. If either the user or supervisor fails to confirm this access requirement, VDH will deactivate that user's account.

Access Levels

Access to syndromic surveillance data hosted on the NSSP BioSense Platform will be based on least privileges needed to perform job duties. Access levels are based on geolocation and detail of data. Data are geolocated by either the patient or reporting facility location.

- Patient location – Determined by the patient's residential ZIP code. Data analyzed by patient location will include all individuals who report residence in the geographic area selected and who sought care at any Virginia facility reporting syndromic surveillance data, regardless of that facility's location.
- Facility location – Determined by the street address of the reporting facility. Data analyzed by facility location will include every visit to that facility or group of facilities regardless of the patient's residence. This analysis will include out-of-state or international patients.

Within geolocation, data can be viewed at either the aggregate or the data detail level.

- Aggregate – Data can be stratified by patient or visit characteristics, but will only return a count of visits that meet the analysis criteria.
- Line Level – Provides access to the line-level information that meets the analysis criteria.

Role-Based Access

User access roles are determined by the users' job duties and organization. Role-based access for authorized Virginia users is outlined below:

- Public Health Epidemiologist
 - Aggregate and data detail access by patient location – Entire state
 - Aggregate and data detail access by facility location – Entire state
 - Aggregate and data detail access by patient location – Per jurisdiction
 - Aggregate and data detail access by facility location – Per jurisdiction
- Healthcare/Hospital Epidemiologist/Infection Preventionist
 - Aggregate access by patient location – Entire state
 - Aggregate and data detail access by facility location – Specific facility/facilities
- Emergency Preparedness Coordinator
 - Aggregate and data detail access by patient location – Entire state
 - Aggregate and data detail access by facility location – Entire state
 - Aggregate and data detail access by patient location – Per jurisdiction
 - Aggregate and data detail access by facility location – Per jurisdiction
- Other State or Federal Government Data Scientist
 - Aggregate access by patient location – Entire state
 - More detailed access by approved special access request
- Public Health Researcher
 - Aggregate access by patient location – Entire state
 - More detailed access as allowed by Institutional Review Board (IRB) and by approved special access request

In the event that a user's organization defines regions differently than the [VDH Health Planning Regions and Health Districts](#), VDH will attempt to provide access according to the user's defined region.

Special (Project-Based) Access

Users may request special or expanded access to the NSSP BioSense Platform for projects including, but not limited to, event-based public health surveillance, response to an issue of public health importance, or research. Researchers shall submit proof of project approval from their Institutional Review Board (IRB) when requesting special access to the NSSP BioSense Platform. Depending on the scope of their intended project, IRB approval from VDH may also be required. A request for special access to the NSSP BioSense Platform is not a guarantee of approval. VDH will maintain the ability to deny or halt special access at the agency's discretion.

Login and Password

Upon being granted access to the NSSP BioSense Platform, users will receive two (2) emails from amc@syndromicsurveillance.org – one with a username and another with a temporary password for the NSSP BioSense Platform. Please do NOT submit any questions to this email address. Instead, questions can be directed to syndromic@vdh.virginia.gov.

Upon first accessing the NSSP BioSense Platform, users will be taken to the Access & Management Center (AMC)'s Terms and Conditions. New users will need to read through the entire text and select "Agree". Users will then be prompted to reset their temporary password to a personal password of their choice.

NSSP BioSense Platform passwords expire after 90 days. Users will be prompted to reset their own password upon this expiration date. If a password remains un-reset for 90 days after expiration (a total of 180 days since their last password reset), VDH will deactivate that user account. Any user with a deactivated account would need to re-apply for access to the NSSP BioSense Platform. The AMC also contains a self-reset option for users who have forgotten their password.

Important: Under no circumstances shall a user allow browser cookies to remember login credentials to the NSSP BioSense Platform.

Users are prohibited from sharing their username and password with any other individual or organization. If a user suspects that the privacy of their username and/or password has been violated, they shall contact VDH immediately at syndromic@vdh.virginia.gov.

Viewing Data

All devices, including computers, tablets, and electronic storage devices, used to access the NSSP BioSense Platform or syndromic surveillance data obtained from the NSSP BioSense Platform must be password-protected. Any device used to access the NSSP BioSense Platform or syndromic surveillance data obtained from the NSSP BioSense Platform must be locked when not in use, even when left for short periods of time.

The NSSP BioSense Platform logs a user out after eight (8) hours of inactivity. The length of this automatic time-out feature does not adhere to VDH information security standards. It is imperative that users log out of the NSSP BioSense Platform, including the AMC, ESSENCE, and any other applications hosted on the NSSP BioSense Platform, upon completion of their job duties.

Access Changes and Termination

It is the responsibility of an authorized user's supervisor to alert VDH to any necessary changes to, including termination of, a user's access within one week of the user's change in responsibilities.

VDH reserves the right to terminate a user's access to the NSSP BioSense Platform without notice to the user if VDH deems it necessary to protect the confidentiality of the data.

Virginia users of the NSSP BioSense Platform shall agree to adhere to the terms laid out in this policy both during and after their tenure as a public health stakeholder.

Data Use

Permitted Data Uses

Users may access the NSSP BioSense Platform or syndromic surveillance data obtained from the NSSP BioSense Platform for the following permitted reasons.

- To facilitate the interchange of information that can be used to coordinate responses and monitor events routinely and during a potential health event.
- For early detection and characterization of events (or health-related threats) by building on state and local health department systems and programs.
- To provide health-related information for: (i) public health situation awareness, (ii) routine public health practice, or (iii) public health evaluation.
- Reporting facilities are allowed to use their own data for quality assurance, business improvement, or other purposes approved by their organization.

Individual and Entity Identification

Users shall not purposely identify any individual – patient or healthcare provider – or use the identity of any person discovered inadvertently within the data. Users shall not disclose any potentially identifiable information on individuals found within the data.

Users will be able to view the name of the reporting facility within the NSSP BioSense Platform. This information may only be disclosed for internal use by the facility in question or a government agency for public health purposes. The individual names of facilities shall not be disclosed to the public. If results of an analysis are to be made publicly available (see section on [External Publication](#)) then reporting facilities shall be anonymized (e.g. *Hospital A*) or identified as an aggregate number of hospital EDs, freestanding EDs, and urgent care centers within a [Health Planning Region](#) (e.g. *11 hospital EDs, 7 freestanding EDs, and 9 UCCs in the Northern Region*).

Data Management

Users shall employ all safeguards possible when accessing the NSSP BioSense Platform or syndromic surveillance data obtained from the NSSP BioSense Platform.

Data Storage

Syndromic surveillance data shall not be exported from the NSSP BioSense Platform unless absolutely necessary to complete job duties. Furthermore, syndromic surveillance data exported from the NSSP BioSense Platform shall not be stored locally unless absolutely necessary to complete job duties.

Syndromic surveillance data that must be exported from the NSSP BioSense Platform and saved locally shall be stored on password-protected devices.

Syndromic surveillance data that must be exported from the NSSP BioSense Platform and saved locally shall include no more than the minimum amount of information needed to complete job duties.

Any loss or compromise of syndromic surveillance data that has been exported from the NSSP BioSense Platform and saved locally will be treated as a data breach and dealt with accordingly. Any known data breach must be reported to the Virginia Department of Health at syndromic@vdh.virginia.gov within 48 hours of its identification.

Disposition and Destruction of Data

Syndromic surveillance data exported from the NSSP BioSense Platform and saved locally shall be destroyed upon completion of job duties. This includes hard or digital copies of syndromic surveillance data when in line-level format or in aggregate format with counts of less than five; it does not include reports produced with aggregated syndromic surveillance data.

Data Sharing

Internal Dissemination

Users of the NSSP BioSense Platform may only disseminate the results of an analysis within their organization. For example, the results of an analysis intended to identify visits related to a mass gathering may be communicated within the health department “to provide health-related information for... public health situation awareness.”

Users may NOT disseminate any results of an analysis outside of their organization, even if the intended audience is another NSSP BioSense Platform user. In order to share results between agencies, users must follow the same rules and procedure outlined in [External Publication](#).

External Publication

In the event that Virginia users of the NSSP BioSense Platform wish to share the results of a [Permitted Data Use](#) outside their organization, they may request VDH permission to publish the results using the [Publication Request Form](#). The following criteria must be met in order for VDH to approve publication:

- All data with a count greater than zero and less than five are suppressed
- No medical record numbers, visit event identifiers, patient identifiers, insurance IDs, or any other person-specific identifiers are included
- No line-level data are included
- No names of reporting facilities are included (see section on [Individual and Entity Identification](#))

Publication permission shall be sought for finished projects only using the [Publication Request Form](#). The requestor will receive a response from VDH within one week regarding the status of their request. A request to publish is not a guarantee of approval. VDH will maintain the ability to deny or halt

publication at VDH's discretion. In order to streamline the process, the requestor shall fill out the Publication Request Form as thoroughly as possible.

If the publication is intended for research, then the requestor will need to provide proof of IRB approval from their institution and/or the Virginia Department of Health.

Freedom of Information Act

In the case of an outside organization or individual submitting a Freedom of Information Act (FOIA) request to a user of the NSSP BioSense Platform that includes syndromic surveillance data, all responses shall follow the guidelines for an [External Publication](#). In the case of a FOIA request, the NSSP BioSense Platform user shall file a [Publication Request Form](#) indicating the FOIA request and the deadline for response.

Virginia User Policy Violation

Responsibilities

Users accept full responsibility and liability for any violations of this policy. Any known breach of this policy must be reported to the Virginia Department of Health at syndromic@vdh.virginia.gov within 48 hours of its identification.

Consequences

In the event a NSSP BioSense Platform user fails to comply with any of the terms of this policy, VDH has the right to immediately terminate the user's access at their discretion. If VDH finds the policy breach to be sufficiently egregious, they may terminate user privileges for the entire organization.

Civil and criminal penalties may also apply to breach of this policy.

Glossary of Terms and Organizations

NSSP BioSense Platform – Data storage cloud hosted by the National Syndromic Surveillance Program.

National Syndromic Surveillance Program (NSSP) – CDC organization that oversees national efforts to further syndromic surveillance. More information can be found at the [NSSP website](#).

Virginia Department of Health (VDH) – Public health agency in Virginia acting as a conduit between NSSP and Virginia users of the NSSP BioSense Platform. More information can be found at the [VDH Syndromic Surveillance website](#).

Centers for Disease Control and Prevention (CDC) – National public health agency that provides funding and direction for syndromic surveillance.

Access & Management Center (AMC) – Homepage for the NSSP BioSense Platform. Allows access to syndromic surveillance data using multiple data analysis tools including ESSENCE

Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) – software designed by Johns Hopkins University Applied Physics Laboratory for the visualization and analysis of syndromic surveillance data. Currently implemented on the NSSP BioSense Platform

Freedom of Information Act (FOIA) - 5 U.S.C. § 552. Method for organizations and individuals to request information from public agencies intended to improve government transparency. More information can be found at the [federal FOIA website](#).

Virginia Syndromic Surveillance Advisory Group (VSSAG) – Collaborative stakeholder group designed to provide guidance on syndromic surveillance

Relevant Resources

[National Syndromic Surveillance Program Community of Practice funding announcement](#)

- CDC-RFA-OE16-1601

[Johns Hopkins University Applied Physics Laboratory](#)

[Freedom of Information Act](#)

[Health Insurance Portability and Accountability Act \(HIPAA\)](#)

- 45 CFR 164.512(b)
- 45 CFR 164.502(b)
- 45 CFR 164.514(d)(3)(iii) (A)

- 45 CFR 164.514(d)(3)(i)

[Code of Virginia](#)

- § 32.1-37.C
- § 32.1-38
- § 32.1-39
- § 32.1-40
- § 32.1-41

[Health Information Technology for Economic and Clinical Health \(HITECH\) Act](#)

VDH Health Planning Regions and Health Districts

